



Employee Resignation Notice

Date:

Employee Name:

Position Title:

Employment Date:

Effective*, I voluntarily resign employment with the City of Round Rock because:

**Notice to employee: To be eligible for payment of all benefit time accrued and be eligible for re-hire at the City of Round Rock, you must give at least two weeks working notice in accordance with the City of Round Rock Policies and Procedures Manual.*

Employee Signature

Date

Supervisor Signature

Date